

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/51159

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		3		1		
5		2		1		
6		2		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		1		1		
12		1		1		
13		1		1		
14		2		1		
15		1		1		
16		1		1		
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22		3		1		
23		2		1		
24		2		1		
25		3		1		
26		3		1		
27		3		1		
28		3		1		
29		2		1		
30		1		1		
31		1		1		
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50						
TOTAL IND.		↓	11	↓		↓
TOTAL DEP.	←		27	←		←
TOTAL CLAIMS		38				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						